



Division I – Program Flexibility and Efficiencies

Division I increases the flexibility for an existing funding stream used by the Bureau of Substance Abuse Treatment and Prevention.

Section by Section Division Summary:

Section 1. Amends Iowa Code section 125.59(1)(b) to increase flexibility for the use of a funding stream that is commonly referred to as “Sunday Sales.”

Iowa Code Section [125.59](#) authorizes the transfer of funds from the Division of Alcoholic Beverages located in the Department of Commerce to IDPH to be used for substance use prevention efforts in communities. The funding that is unspent by local agencies reverts to the General Fund. IDPH is proposing language to provide for additional uses of the funding that align with best practices in substance use disorder prevention.

Secs. 2 and 3. Strikes Iowa Code section [135.11](#)(31) and amends section [135.150](#)(2) to remove one reporting requirement and to reduce the frequency of another to ease the administrative burden related to each.

IDPH has several reports that are required by the General Assembly on an annual basis. At least two, however, are mandated to be provided more frequently. The first is a financial report that requires IDPH to provide information on federal grants the department applies for or renews that require a state match or maintenance of effort and has a value of over \$100,000. The department is proposing to eliminate this reporting requirement. Individual budget units are already identified as being used for match to federal grants within the state's I3 budgeting system. The legislative branch has access to this system, therefore this requirement is duplicative. In addition, obtaining reports from the budget system would provide a better and more complete document. The current method of reporting on an individual grant basis does not provide a clear picture of the total amount of state funding appropriated to IDPH that is used for matching federal funds.

IDPH is also requesting a reduction of the frequency of a gambling report that is required on a semi-annual basis. The report is provided once during the Interim and once in January. The department is proposing to decrease this requirement to once a year in January to reduce the administrative burden.

Information on any of IDPH's programs or budgets are always available upon request.

Division II – Medical Home and Patient-Centered Health Advisory Council

Division II updates code language relating to this council to better align with current practice and its scope of work. The public health sector and the health care sector are different; however, some of the work overlaps. This council bridges the communication gap to help facilitate the collaboration between the two sectors to improve patient outcomes while reducing health care costs.

Section by Section Division Summary:

Secs. 4 through 10 - Medical Home System - Outdated Language - Background and Summary:

The 2008 Iowa Acts established several directives relating to patient-centered medical homes (PCMH). The code sections provide definitions and parameters for the purpose of a medical home and direct IDPH to establish a medical home credentialing system in partnership with the simultaneously established Medical Home System Advisory Council. This language predated the Patient Protection and Affordable Care Act (ACA) of 2010. It was relevant in 2008 when the concept of the PCMH was a new and emerging topic of interest to states across the country. Since that time, the PCMH concept has evolved and national certification standards have been released and modified numerous times. Therefore, a medical home certification process was never established and health care entities in Iowa had the freedom to implement the medical home concept with necessary flexibility. The Council eventually moved away from the idea of certification requirements altogether to focus instead on discussions and policies relating to patient and clinical outcomes and collaboration with the public health sector. The department is proposing to remove the outdated language in Iowa Code



Sections 135.157, 135.158, and 135.159 and to revise the Council's purpose. Conforming amendments are also included in the language.

Sec. 4 amends Iowa Code Section [135.159](#) by striking it and replacing it with new language that retains the establishment of the Patient-Centered Health Advisory Council (formerly named the Medical Home System Advisory Council). The directive to establish a medical home certification program is removed. The purpose statement for the Council is revised.

Sec. 5 is a conforming amendment to strike a reference to the medical home certification program in Iowa Code Chapter 136, State Board of Health.

Sec. 6 is a conforming amendment to Section 249N.2(15 and 19) that relates to the Iowa Health and Wellness Plan. The definitions of medical home and primary care provider located under Section 249N.2 referenced the definitions found in Section 135.159. Both definitions would now be located under Section 249N.2.

Sec. 7 is a conforming amendment to move the definition of "personal provider" to Iowa Code Section 249N.2 and out of Section 135.159.

Secs. 8 and 9 are conforming amendments to remove a reference to the medical home certification program in Section 249N.6.

Sec. 10 repeals Iowa Code Sections [135.157](#) and [135.158](#) that provides for definitions and describes the purposes and characteristics of medical homes. The characteristics of medical homes were intended to act as parameters for the medical home certification program that was never implemented.

Division III – Workforce Programming

Division III updates code language for various workforce programs in the department. It complements the activities the department has been conducting around evaluation and review of current workforce programming.

Sec. 11 amends Iowa Code Section 84A.11, Department of Workforce Development. The language repeals a reference to Iowa Code Section 135.164 that IDPH is proposing to repeal in Section 18 of this legislation.

Secs. 12 and 13 remove outdated language in Iowa Code Section [135.107](#)(3). The section establishes the Primary Care Provider Recruitment and Retention Endeavor (PRIMECARRE) Program. The proposed language removes one component of the program, the primary care provider community scholarship program, that has never been implemented. Two components will remain. Additional flexibility is added in determining the application process and required matching funds in the community support grant program component of PRIMECARRE. Language to specify the target areas of rural, underserved or special populations for the community support program funding is also added.

Sec. 14 amends Iowa Code Section [135.107\(5\)\(a\)](#). It removes the outdated membership slot for the defunct Rural Health Resource Center on the Rural Health and Primary Care Advisory Committee and revises the designation of "the national institute for rural health policy" to "a national or regional institute for rural health policy" to increase the pool of applicants that could be considered for this slot.

Sec. 15 removes the terminology of "long-term care" from the directive in Iowa Code Section [135.163](#) to better reflect the inclusiveness of the various professions of Iowa's public health and health care workforce for which the department will analyze and provide strategic recommendations.

Secs. 16 and 17 removes references to Section 135.164 in Iowa Code Section 135.175 that relate to the health care workforce shortage fund. IDPH is proposing to repeal Section 135.164 in Section 18 of this legislation.



Sec. 17 also updates outdated language in Iowa Code Section [135.175](#). Some of the accounts in the Health Care Workforce Support Initiative Fund have sunset and the remaining policy components are removed. Additional flexibility is provided in lettered paragraph 6c and in paragraph 7 in the administration of the Fund to be better positioned to target funding where needed.

Sec. 18 repeals the remaining directives for the defunct Health and Long-Term Care Access Advisory Council in Iowa Code Section [135.164](#). The department will continue to work on health care workforce-related issues as stated in [135.163](#). Iowa Code Section [135.180](#) that establishes the defunct mental health stipend program is also repealed. The Legislature honored the Governor's recommendation to eliminate funding to this program in FY 2017 due to a lack of interest and high historical reversions.

Division IV – Removal of Unfunded and Outdated Programs

The programs in Division IV have either never been implemented, are unfunded, or may no longer be necessary.

Sec. 19 (and 23) repeals Iowa Code Section [135.130](#) and Section [135.11](#)(25) that establish a substance abuse treatment facility for persons on probation. An advisory council was also established. These code sections were created in 2001 and were never implemented. The historical knowledge of this issue is scant, but IDPH does not see a current need to implement these directives. The Department of Corrections did not object to the removal of the language.

Sec. 20 repeals Iowa Code Section [135.141](#)(2)(c) that requires IDPH to conduct statewide risk assessment of biological agent danger. Since the creation of this statute in 2003, the federal government has established and implemented an effective national program. The Iowa Homeland Security and Emergency Management Department and the State Hygienic Lab are key partners with IDPH in these efforts, and agree that the federal program for identifying and tracking biological agents is adequately meeting the intent of this statute.

Sec. 21 is a conforming amendment to Section [135.141](#)(2)(e) to strike a reference to Section [135.141](#)(2)(c) that IDPH is requesting to repeal in Section 20 of this legislation.

Sec. 22 removes a reference to the substance abuse treatment facility for persons on probation that IDPH is requesting to remove in Secs. 19 and 23 of this legislation.

Sec. 23 eliminates the following programs that have either never been implemented, are unfunded, or may no longer be necessary:

- The automated external defibrillator (AED) program established in Iowa Code Section [135.26](#). The program was funded by the legislature to place AEDs around the capitol complex. A federal grant the department had at the time also provided funding to the public via a grant program. It has been 10 years since the federal grant funding was eliminated and the goal of equipping the capitol complex was achieved; therefore, the program may no longer be necessary.
- Iowa Code Section [135.29](#) that permits counties to form local substitute decision-making boards to act on behalf of patients incapable of making their own medical decisions. The section was created in 1989. To date, neither IDPH nor the Department on Aging (IDA) is aware of any locally-operating boards. No state activity has taken place in many years at IDPH and IDA operates the State Office of Substitute Decision Maker (www.iowaaging.gov/office-substitute-decision-maker-fact-sheet-01) that accomplishes the same goal. IDA is supportive of the removal of the section.
- Iowa Code Section [135.130](#) that establishes a substance abuse treatment facility for persons on probation. An advisory council was also established. See Section 19 above for additional explanation.
- Iowa Code Section [135.152](#) that establishes the Statewide Obstetrical and Newborn Indigent Patient Care Program. The program was intended to act as a payer of last resort once a client meets eligibility for the program. The program provides reimbursement for the enrollee's medical bills associated with antepartum care and the in-patient hospital stay for labor and delivery for both the mother and newborn. The department has not received applications for the program since 2009. There are several reasons for this:



- The Department of Human Services (DHS) has consistently increased Medicaid eligibility for infants less than 1 year of age and pregnant women. Iowa women with incomes of 375 percent of the FPL or below are eligible for Medicaid assistance during pregnancy and for 60 days postpartum. Infants are also covered for the first year of life.
- There has been an increase in obstetrical providers at Federally Qualified Health Centers. They are now the primary gap filling service for women that are low income and do not qualify for Medicaid. The IDPH program is a duplication of these services.
- The funding level is currently \$10,000 per year. It comes from the federal Title V Maternal and Child Health Block Grant. Due to the current cost for labor and delivery, only one applicant per year could be served if the program were to receive a request.

Division V – Miscellaneous Provisions

Sec. 24 amends the definition of “local board of health” in Iowa Code Section [135A.2](#)(12) to refer to the definition already established in Iowa Code Section [137.102](#)(11). It is unnecessary to have different definitions.

Sec. 25 eliminates the Interagency Pharmaceutical Bulk Purchasing Council established in Iowa Code Section [135.132](#) in 2003. It does not appear that this council was ever convened, nor is it necessary. The purchasing coordination for the state is currently done via an interagency workgroup. The meetings are held in conjunction with the Minnesota Multistate Contracting Alliance for Pharmacy (www.mmd.admin.state.mn.us/mmcap/). Approximately 48 states participate in this Alliance, including Iowa.

Division VI – Iowa Health Information Network

Secs. 26 and 27 relate to the Iowa Health Information Network (IHIN) currently housed within IDPH. They are technical fixes to legislation that passed in 2015 that authorized IDPH to conduct an RFP process to move the IHIN out of state government. The conforming change would take effect once that process has been completed. IDPH anticipates completion of the transfer by Spring of 2017.

Division VII – Organized Delivery Systems

Secs. 28 to 102 repeal all references in the Iowa Code and Acts to organized delivery systems (ODS). In the 1990s, the Iowa Legislature directed IDPH to adopt rules and a licensing procedure for the establishment of organized delivery system projects (1993 Iowa Acts, Chapter 158, Section 3). Many subsequent references to this session law were placed in Iowa Code. An ODS is defined in administrative rules as:

“An organization with defined governance that is responsible for delivering or arranging to deliver the full range of health care services covered under a standard benefit plan and is accountable to the public for the cost, quality and access of its services and for the effect of its services on their health. The organization operating as an ODS shall assume risk and be subject to solvency standards as found in 201.12.” (641 IAC 201.2)

Since the adoption of the rules in 1994, only two entities applied and both were licensed as an ODS. One ceased operations in 2002 and the other in 2010. In 2013, CoOpportunity Health opted not to include ODS, because surrounding states had not implemented ODS systems. The creation of Affordable Care Organizations in the Affordable Care Act have also made ODS regulations irrelevant. The Iowa Insurance Division is supportive of the removal of the code references in their various code sections.